1259/30

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

NIFORM LIMITED OFFERING EXEMPA

OMB APPROVA	ıL.
OMB Number: 3:	235-0076
Expires:	
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hours pe	16.00
07048106	

Name of Offering (   check if this is an amendme	ent and name has changed, and indicate change.)	
Private offering of limited partnership interests	<del>-</del>	
Filing Under (Check box(es) that apply): Rul- Type of Filing: New Filing Amendment		) 📑 ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment	and name has changed, and indicate change.)	
Cogo Wolf Global Strategy Fund, LP		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
580 California Street, Suite 1325, San Francis	co, CA 94104	415 438-1700
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Tues of Duviness Organization		PROCEECT
Type of Business Organization    corporation   I limited	partnership, already formed other (	please specify):
	partnership, to be formed	MAR 2 8 2007
Actual or Estimated Date of Incorporation or Organiz Jurisdiction of Incorporation or Organization: (Enter CN:		mated F THOMSON

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1919

					A. BASIC II	DENTI	FICATION DATA	1			
2. 1	Enter the info	rmation	requested for the	following	ıg:						
•	<ul> <li>Each pro</li> </ul>	moter of	the issuer, if the	e issuer h	as been organized	within	the past five years	:			
•	Each ben	eficial o	wner having the p	power to	vote or dispose, or o	direct th	e vote or dispositio	on of, 10	% or more	of a cta	ss of equity securities of the iss
•											ership issuers; and
•			managing partn				_		,	•	,
CU 1					·						
Check	Box(es) that	Apply:	☑ Promote	ı 🔽	Beneficial Owner		Executive Office	r 📋	Director		General and/or Managing Partner
Full N	lame (Last na	me first.	if individual)		· · · · ·						7-71-11-11-1-1
Cogo	Wolf Asset	Manag	jement, LLC								
					t, City, State, Zip ( sco, CA 94104	Code)					
Check	Box(es) that	Annly	✓ Promote	r 🖂	Beneficial Owner		Executive Office	. [7]	Director		General and/or
				, L.J	Deneticial Owner		Excellent Office	' LJ	Director	ليا	Managing Partner
	`		if individual)							,	
	vay-Gordon	-									
			ess (Number a te 1325, San I		, City, State, Zip C co, CA 94104	lode)		•••			
Check	Box(es) that	Apply:	✓ Promoter	Ø	Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
	ame (Last nar Christophe		if individual)		_		,	,			, q - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Busine	ss or Residen	ce Addr	ess (Number a	nd Street	, City, State, Zip C	(ode)					
580 C	alifornia Str	eet, Sui	ite 1325, San I	Franciso	co, CA 94104						
Check	Box(es) that	Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Na	ame (Last nan	ne first.	if individual)						•		
Busine	ss or Residen	ce Addre	ess (Number a	nd Street.	City, State, Zip C	ode)	<del></del>				
	<del></del>						<u> </u>				
Check	Box(es) that	Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Na	ume (Last nan	ne first, i	f individual)								•
Busine	ss or Residen	ce Addre	ss (Number ar	id Street,	City, State, Zip C	ode)	******	·			
Check i	Box(es) that z	Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Na	me (Last nam	ie first, i	f individual)								· · · · · · · · · · · · · · · · · · ·
Busines	ss or Residence	e Addre	ss (Number an	d Street,	City, State, Zip Co	ode)			··· <b>····</b>		
Check I	Box(es) that /	Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Na	me (Last nam	e first, i	f individual)	•	71934			<del></del> ,			
Queinor	s or Residenc	a Addes	ee /Number	d Cteant	City, State, Zip Co	vla)	<del></del>				
	· · · · · · · · · · · · · · · · · · ·		so issumble all		STATE AND COLUMN	DATE A					

					В. І	NFORMAT	ION ABOU	T OFFER	ING				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No 🗷			
-	Answer also in Appendix, Column 2, if filing under ULOE.										<u> </u>	<u> </u>	
2.	2. What is the minimum investment that will be accepted from any individual?											s_50	0,000.00
3.	Does the offering permit joint ownership of a single unit?											Yes <b>R</b>	No
4.												(4)	
	If a person state	son to be li: s, list the n	sted is an as	sociated po proker or d	erson or age ealer. If m	ent of a bro ore than fiv	ker or deale e (5) perso	er registere ns to be lis	d with the S ted are asso	SEC and/or	he offering. with a state sons of such		
Full	Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity. State. 2	Zip Code)						
Nam	ne of As	sociated B	roker or De	aler									
	' 11/1	D	Listed Ha	- C -1:-:x-d	1 1-	. A (7 - 12 - 14	D	· · · · · · · · · · · · · · · · · · ·					
			s" or check										Il States
			AZ		CA							H	[ <del>ID</del> ]
	AL IL	[AK] [N]	IA.	[AR] [KS]	KY	CO LA	[CT] [ME]	DE) MD	[DC] MA	FI.	GA MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH		OR	PA
	RI	SC	SD	[TN]	TX	UT	VT	VA	WΛ	$\overline{\mathbf{W}}$	WI	WY	PR
Full	Name (	Last name	first, if ind	ividual)									_
Busi	iness or	Residence	: Address (1	Number an	d Street, C	City, State,	Žip Code)						
Nam	ne of As	sociated B	roker or De	aler	······································						· · · · · · · · · · · · · · · · · · ·	<del></del> _	
State	es in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	or check	individual	States)				*****************	••••••		☐ AI	1 States
	AL	ĀK	[AZ]	AR	CA	CO	CT	DE	DC	FL.	GA	Ш	ID
	IL MT	(IN) (NE)	(TA) NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI) OH		MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV		WY	PR
Full	Name (	Last name	first, if indi	vidual)									
<del></del>		B 11	4.11 (2)		10:		T. 6. 1.	·····					
Busi	ness or	Residence	Address (N	lumber an	d Street, C	ity, State, a	Zip Code)						
Nam	e of Ass	sociated Br	oker or Dea	ıler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)		***************	······································				□ All	l States
	AL,	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	[GA]	HI	ID
į	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH		MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV		WY	PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<b>S</b>	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	5	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$_10,000.00
	Legal Fees		§ 120,000.00
	Accounting Fees	_	\$_100,000.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total	_	\$ 230,000.00

L	C. OFFERING PRICE, NUM	1BER OF INVESTORS, EXPENSES AND USE	OF PF	ROCEEDS	
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C — proceeds to the issuer."	- Question 4.a. This difference is the "adjusted a	gross		1,999,770,000.0 \$
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par				
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			] \$	<u></u> \$
	Purchase of real estate			\$	<u> </u>
	Purchase, rental or leasing and installation of ma	chinery		\$	s
	Construction or leasing of plant buildings and fa-	cilities	<u> </u>	S	<b>\$</b>
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another		\$	□\$
	Repayment of indebtedness				
	Working capital				<del>_</del>
	Other (specify):			\$	\$
			 🗆	\$	s
	Column Totals			\$_1,999,770.0	\$_0.00
	Total Payments Listed (column totals added)				999,770.00
		D. FEDERAL SIGNATURE			
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to funformation furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Con	nmissi	on, upon writtei	
ssu	er (Print or Type)	Signature	Da	ite	
Co	o Wolf Global Strategy Fund, LP	CIIIINGT -	М	arch 12,2007	
	e of Signer (Print or Type)	Title of Signer (Print of Type)	·····		·
, ITI	stopher R. Wolf	MANAGING PARTNEL			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## **APPENDIX** 2 1 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors** Amount Yes No Amount ΛL ΑK AZAR LP interests/2B CA X X 2,002,000 CO CT DE DC FL $\mathsf{G}\mathsf{A}$ HI ID X $\Pi_{L}$ LP interests/2B 5,228,000 IN I۸ KS KYLA ME MDMA LP interests/2B MΙ 500,000 X × MN MS

	APPENDIX											
1	Intend to non-a investor	1 to sell occredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE attach ation of granted)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
МО												
MT												
NE												
NV												
NH												
NJ												
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